

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 709808**

1. Entity Name  
**GOLF MANOR APARTMENTS, INC.**



Principal Place of Business  
**1309 DREW ST, "TOP BOX"  
CLEARWATER, FL 33755 US**

Mailing Address  
**1309 DREW ST, "TOP BOX"  
CLEARWATER, FL 33755 US**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3011684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**OLIVER, KENT  
1309 DREW ST 3  
CLEARWATER, FL 33763**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ALMSTEAD, RICHARD  
1309 DREW ST APT 4  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BENO, JOE  
1309 DEEW ST # 6  
CLEARWATER, FL 33755**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OLIVER, KENT  
1309 DREW ST. #3  
CLEARWATER, FL 33735**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000177046  
01/11/05-80021-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kent Oliver**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6 JAN 05 727-726-4977**